**REQUERIMENTO PARA EXERCÍCIOS DOMICILIARES**

**(Deve ser feito um requerimento para cada disciplina)**

A Secretaria Integrada de Atendimento à Graduação-SIAG/CCA/UFPB

 Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, aluno (a) do Curso de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- CCA - Campus II, matrícula \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, vem requerer o REGIME DE EXERCÍCIOS DOMICILIARES, no período \_\_\_\_/\_\_\_\_/\_\_\_\_\_ a \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_,, tendo em vista a necessidade de ausência nas aulas, referente ao período \_\_\_\_\_\_\_\_\_.

 O motivo da minha solicitação deve-se ao fato de:

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 Nome da disciplina a qual solicito exercício domiciliar

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Nestes termos, pede deferimento,

Areia, \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_

Telefone do requerente: ( )

E-mail do requerente:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assinatura do (a) requerente**

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